## John R. Ashcroft Secretary of State 2019-2020 BIENNIAL REGISTRATION REPORT

NONPROFIT

## N00044461 Date Filed: 5/15/2019 John R. Ashcroft Missouri Secretary of State

	I I ELECT TO FILE A BIEN SECTION 1, 3 & 4 ARE	nnial registration r : <b>required</b>	.EPORT					
	REPORT DUE BY: 8/31/2019				ORGANIZED UNDER THE LAWS OF:			
N00044461 MEMBERS IN SOLIDARITY FUND EDWARD ROBINSON				Missouri PRINCIPAL PLACE	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *			
	S83 TRITON WAY ELLSVILLE MO 63011				982S rich keen co	ourt	(Required)	
				1				
					STREET St. Louis MO	63126		
					CITY / STATE	ZIP		
	If changing the reg	istered agent and/or r	egistered office address, p	lease che	eck the appropriate bo	ox(es) and fill in the necessar	γ information.	
		☐ The new registered agent  IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW						
2 REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.								
	☐ The new registered office address 9825 rich keen court St. Louis MO 63126							
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.								
	OFFICERS  NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  MUST LIST PRESIDENT AND SECRETARY BELOW			<b>A</b>	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  MUST LIST AT LEAST THREE DIRECTORS BELOW			
	<u>PRESIDENT</u> STREET	Pearson, Vance 1727 clera ridge cou	ırt south		<u>NAME</u> STREET	Stahl, Don 2879 Johnston ridge		
	CITY/STATE/ZIP	St Charles MO 6330	)3		CITY/STATE/ZIP	Festus MO 63028		
3	SECRETARY STREET	robinson, edward S83 trlton way dr	•			pearson, vance 1727 clera ridge ct south		
	CITY/STATE/ZIP	ellisville MO 63011			CITY/STATE/ZIP	st charles MO 63303		
	STREET				<u>NAME</u> STREET	robinson, edward S83 triton way dr		
	CITY/STATE/ZIP				CITY/STATE/ZIP	ellisville MO 63011		
					<u>NAME</u>			
	STREET				STREET			
	CITY/STATE/ZIP NAMES AND ADDRESSES OF ALL OT				CITY/STATE/ZIP	ECTORS ARE ATTACHED		
-	The undersigned understands that false statements made in this report are punishable for the crime of making a false *							
	declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.							
4	Authorized party or officer sign here Vance Pearson						(Required)	
	Please print name and title of signer: Vance Pearson			/	President			
	DECISTE LEGISLA	NAME				TITLE		
	REGISTRATION REPORT FEE IS:\$20.00 If filed on or before 8/31/2019\$25.00 If filed after 9/30/2019				WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE			
	Corporation will be administratively dissolved if report is not filed by							

E-MAIL ADDRESS (OPTIONAL):